

Family Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

Family Dentist \_\_\_\_\_ Dentist's Phone Number \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

**Grymes Memorial School Emergency Medical Authorization**

In the event of serious accident or illness, I request the school to contact me. If I cannot be reached, the school may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility of payment for services rendered.

In the case of an accident or illness where immediate treatment of my child is not needed, but where (s)he is unable to remain in school, I request that the school contact me or my spouse to arrange transportation for my child. If the school is unable to contact either, I request that one of the persons listed on the reverse side of this form be contacted and requested to care for my child. Grymes Memorial School DOES NOT provide benefits for injuries.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian